

WV TRAUMATIC BRAIN INJURY WAIVER PROGRAM

TBI WAIVER PROVIDER MONTHLY INCIDENT TRACKING REPORT

PAGE 1 OF 2

This report is to be completed monthly and faxed to APS Healthcare, Inc. at **1.866.607.9903**. Previous month's data is due by the sixth working day of the following month. All incidents shall be tracked by the provider in order to identify trends and the need to improve/amend provider policies and procedures if necessary (512.4.2).

If you do not have an incident for the month, you must report "no incident".

In the "Type of Incident" column, list either "Alleged Abuse, Neglect, Exploitation," "Critical Incident," or "Simple Incident." (Please see Chapter 512: Traumatic Brain Injury Waiver Services Manual- 512.4- Incident Management for classification of incidents)

In "County" column, list county in which incident occurred.

Indicate "yes" or "no" in "Follow-up" and "Adult Protective Services (APS)/Child Protective (CPS) Referral" columns.

Enter total of all reported incidents and total of all program participants' hospitalizations for the reporting month.

Agency Representative must sign and date.

Provider Name and Site: _____

Reporting Month/Year: _____

Personal Attendant Services Agency: _____

Case Management Agency: _____

☐ No Monthly Incidents

*Type of Incident	County	Follow-up Yes/No	APS/CPS Referral Made Yes/No

Total Reported Incidents: _____ Total Monthly Hospitalizations: _____
(Hospitalizations should only be reported by
Personal Attendant Services Agencies)

Agency Representative Signature/Title

Date

*Type of Incident: Allegation of Abuse and/or Neglect

Critical Incident

Simple Incident